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BELL, BQYD & LLOYD LLP P.O. Box 1135 CHICAGO, IL 60690				I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/661,229	09/12/2003		Joseph R. Hedrick		0112300-612	6841
TITLE OF INVENTION: CARDS	GAMING DEVICE I	IAVING A CARD MA	NAGEMENT SYSTEM I	OR THE MANAGE	MENT OF CIRCULATIN	IG DATA
O.M.O.			•			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	S0	\$1740	12/10/2008
EXAMIN	TER .	ART UNIT	CLASS-SUBCLASS]		
SAGER, MARK ALAN		3714	463-020000			
1. Change of correspondent CFR 1.363).	ce address or indication	of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys			
Change of correspon Address form PTO/SB/1	dence address (or Char	nge of Correspondence	or agents OR, alternati	vely, .		
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
IGT Réno, NV						
Please check the appropriate	e assignee category or	categories (will not be pr	inted on the patent):	Individual Corp	poration or other private gro	oup entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						shown above)
Issue Fee Dublication Fee (Nos	small entity discount n	ermitted)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
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5. Change in Entity Status a. Applicant claims S	,	,	b. Applicant is no lon	ger claiming SMALL	ENTITY status. Sec 37 CI	FR 1.27(g)(2).
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Authorized Signature			Date December 9, 2008			
Typed or printed name _	,		Registration No. 45, 117			
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